

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-32

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SUBJECT: Management of Acute Dental Pain

EFFECTIVE DATE: July 2011

SUPERCEDES DATE: None

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## PURPOSE

To assure all DOP inmates receive appropriate treatment for acute dental pain.

## POLICY

All DOP dentists shall follow these guidelines when prescribing medication for acute dental pain. Medication should be appropriate to the situation. Drugs with abuse and dependency potential should be avoided when possible. Non-steroidal anti-inflammatory drugs (NSAIDs) are preferred because of their efficacy, favorable side-effect profile, and low abuse potential. Refer to CPG-11 (Chronic Pain) for prescribing information outside the scope of short-term, acute dental pain therapy. These guidelines are recommended unless contraindicated by the patient's health history.

## PROCEDURES

1. Effective pain management is a challenging aspect of dental practice. The following guidelines have been derived from studies using double-blind, randomized, placebo-controlled trials for postoperative pain following surgical removal of impacted third molars. This model is used for FDA approval of analgesics because of the consistency and intensity of post-operative dental pain.
2. Mild, Moderate and Severe dental pain Rx recommendations – No NSAID contraindication

### Mild Pain

Ibuprofen 400 mg every 4-6 hours prn.

### Moderate Pain

Ibuprofen 400-600 mg every 4-6 hours around-the clock for 24 hours; then 400 mg every 4-6 hours prn  
If inadequate:

Ibuprofen 400-600 mg PLUS Acetaminophen 325-650 mg every 6 hours around-the-clock for 24 hours; then ibuprofen 400-600 mg every 4-6 hours prn

### Severe Pain

Ibuprofen 400-600 mg PLUS Acetaminophen 650 mg combined with hydrocodone 10 mg every 6 hours for 48 hours; then ibuprofen 400-600 mg every 4-6 hours prn

3. Mild, Moderate and Severe dental pain Rx recommendations – NSAIDs contraindicated

### Mild Pain

Acetaminophen 650-1,000 mg every 6 hours prn

### Moderate Pain

Acetaminophen 650 mg combined with hydrocodone 10 mg every 6 hours around-the-clock for 24 hours; then Acetaminophen 650-1,000 mg every 6 hours prn

### Severe Pain

Acetaminophen 650 mg combined with oxycodone 10 mg every 6 hours around-the-clock for 48 hours; then Acetaminophen 650-1,000 mg every 6 hours prn

4. Maximum Daily Doses

Ibuprofen: 2,400 mg

Acetaminophen: 4,000 mg; except 2,000 mg in patients with liver disease

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5. Ibuprofen 400 mg is considered the gold standard, first line NSAID. Studies have shown it to provide better analgesia than single entity opioids (codeine or hydrocodone) alone and it is at least as efficacious as eripheral/opioid combinations such as acetaminophen/codeine.
6. Studies have not shown ibuprofen 800 mg to provide more effective pain relief than 400-600 mg. However, it may increase the risk of side effects.
7. Pre-emptive NSAIDS have been shown in some studies to delay and reduce the severity of post-surgery pain without resulting in intra-operative or post-operative bleeding. The usual dose is ibuprofen 400 mg at the time of surgery or one hour prior.
8. Studies have shown the combination of ibuprofen and acetaminophen reduces pain intensity and provides greater pain relief than either drug alone. Analgesia is presumably enhanced by their different mechanisms of action.
9. NSAIDs should not be combined. The concomitant administration of ibuprofen, diflunisal (Dolobid), ketorolac (Toradol), naproxen (Naprosyn), piroxicam (Feldene) and others has not been shown to improve pain relief. However, they will increase the risk of side effects such as gastritis, GI bleeding, renal impairment and hepatotoxicity. Dentists should review DC-834 (Provider Orders) and OPUS screen HS65 to verify no NSAID or other analgesic has been ordered by another provider.
10. NSAIDs are avoided during the third trimester of pregnancy unless the benefits outweigh the risks.
11. If medication is provided DOT (directly observed therapy), specify an exact frequency such as every four hours, every six hours, etc.
12. Ibuprofen prescribing precautions: congestive heart failure, hypertension, dehydration, decreased renal or hepatic function, history of GI bleeding or ulcers, and patients receiving anticoagulants or lithium. Additional warning for all NSAIDs: Do not use in patients who experience bronchospasm, asthma, rhinitis or urticaria with NSAID or aspirin therapy and use with caution in other forms of asthma. See prescribing information for additional warnings and drug interactions.
13. Acetaminophen prescribing precautions: use with caution in patients with liver disease. See prescribing information for additional warnings and drug interactions.
14. Hydrocodone and oxycodone prescribing precautions: use with caution in patients with hypersensitivity reactions to other opioids, respiratory disease (asthma, emphysema, COPD), pancreatitis, adrenocortical insufficiency, CNS depression, hypothyroidism, and prostatic hyperplasia. See prescribing information for additional warnings and drug interactions.

References: Hersh, EV, Kane, WT, O'Neil, MG, et al. Prescribing Recommendations for the Treatment of Acute Pain in Dentistry. *Compendium of Continuing Education in Dentistry*. 2011 Apr; 32(3):22, 24-30.

Wynn, RL, Meiller TF, Crossley, HL. Drug Information Handbook for Dentistry. Lexi- Comp, 9<sup>th</sup> Edition, 2003.



7/12/11

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